



Q Fever

County _____

LHJ Use ID _____

☐ Reported to DOH

Date ____/____/____

LHJ Classification

☐ Confirmed

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____

LHJ Cluster Name: _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation start date: ____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Zip code (school or occupation): _____ Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age ____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp: ____ °F
Type: ☐ Oral ☐ Rectal ☐ Other: ____ ☐ Unk

☐ ☐ ☐ ☐ **Chills**

☐ ☐ ☐ ☐ **Retrobulbar headache**

☐ ☐ ☐ ☐ **Muscle aches or pain (myalgia)**

☐ ☐ ☐ ☐ **Headache**

☐ ☐ ☐ ☐ **Cough** onset date: ____/____/____

☐ ☐ ☐ ☐ **Malaise**

☐ ☐ ☐ ☐ **Rash**

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Immunosuppressive therapy or disease

☐ ☐ ☐ ☐ Pregnant

Estimated delivery date ____/____/____

OB name, address, phone: _____

☐ ☐ ☐ ☐ Valvular heart disease or vascular graft

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ **Hospitalized for this illness**

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ **Died from illness** Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

Collection date ____/____/____

Source _____

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ **C. burnetii culture (clinical specimen)**

☐ ☐ ☐ ☐ ☐ **C. burnetii antigen or nucleic acid detection (clinical specimen)**

☐ ☐ ☐ ☐ ☐ **C. burnetii IgG or IgM**

☐ ☐ ☐ ☐ ☐ **C. burnetii phase II or phase I antibodies ≥ 4-fold rise (serum pair ideally taken 3-6 weeks apart)**

☐ ☐ ☐ ☐ ☐ **Serum aminotransferase (SGOT [AST] or SGPT [ALT]) elevated above normal**

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Identified as acute or chronic**

☐ Acute ☐ Chronic

☐ ☐ ☐ ☐ **Meningoencephalitis**

☐ ☐ ☐ ☐ **Hepatitis**

☐ ☐ ☐ ☐ **Hepatomegaly**

☐ ☐ ☐ ☐ **Splenomegaly**

☐ ☐ ☐ ☐ **Pneumonia**

X-ray result: ☐ P ☐ N ☐ I ☐ O ☐ NT

☐ ☐ ☐ ☐ **Endocarditis**

P = Positive N = Negative
I = Indeterminate O = Other
NT = Not Tested

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period. Timeline only for acute case.

Days from onset:

Exposure period

-21

-14

o
n
s
e
t

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country

Dates/Locations: _____

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
☐ ☐ ☐ ☐ **Epidemiologically linked to a consistent exposure**
☐ ☐ ☐ ☐ Unpasteurized milk (cow)

☐ ☐ ☐ ☐ Other unpasteurized milk (e.g. sheep, goat)

☐ ☐ ☐ ☐ Farm or dairy residence or work

☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
Animal birthing/placentas ☐ Y ☐ N ☐ DK ☐ NA

Specify animal: _____

Y N DK NA

☐ ☐ ☐ ☐ Zoo, farm, fair or pet shop visit

☐ ☐ ☐ ☐ Animal hair, wool, hides, bones

☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere

☐ ☐ ☐ ☐ Cat or kitten

☐ ☐ ☐ ☐ Cattle, cow or calf

☐ ☐ ☐ ☐ Goat

☐ ☐ ☐ ☐ Sheep

☐ ☐ ☐ ☐ Wildlife or wild animal exposure

☐ ☐ ☐ ☐ Other exposure to animal or bird

Specify animal or bird: _____

☐ ☐ ☐ ☐ Employed in laboratory

☐ ☐ ☐ ☐ Any medical or dental procedure

☐ ☐ ☐ ☐ Organ or tissue transplant recipient,

Date: ____/____/____

☐ ☐ ☐ ☐ Blood transfusion or blood products (e.g. IG, factor concentrates)

Date of receipt/transfusion: ____/____/____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: _____

☐ **No risk factors or exposures could be identified**
☐ **Patient could not be interviewed**
PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ Source animal or bird identified

☐ ☐ ☐ ☐ Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset? Date: ____/____/____

Agency and location: _____

Specify type of donation: _____

☐ ☐ ☐ ☐ Potential bioterrorism exposure
PUBLIC HEALTH ACTIONS
☐ Notify blood or tissue bank

☐ Follow-up/prophylaxis of laboratorians exposed to specimen

☐ Other, specify: _____
NOTES

Investigator _____ Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____